IN THE UNITED STATES PATENT AND TRADEMARK OFFICE In re Patent Application of Attv ARC-2491-52 Dkt. C# M# TC/A.U. CANHAM et al 3774 Examiner: Schillinger, A.M. Serial No. 10/516,340 March 22, 2005 Date: October 14, 2008 Filed: ORTHOPAEDIC SCAFFOLDS FOR TISSUE ENGINEERING Title: 1.2 Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Sir: RESPONSE/AMENDMENT/LETTER This is a response/amendment/letter in the above-identified application and includes an attachment which is hereby incorporated by reference and the signature below serves as the signature to the attachment in the absence of any other signature thereon. □ Correspondence Address Indication Form Attached. Fees are attached as calculated below: Total effective claims after amendment minus highest number x \$52.00 \$0.00 (1202)/\$0.00 (2202) \$ previously paid for 20 (at least 20) =Independent claims after amendment minus highest number x \$220.00 \$0.00 (1201)/\$0.00 (2201) \$ previously paid for 3 (at least 3) =If proper multiple dependent claims now added for first time, (ignore improper); add \$390.00 (1203)/\$195.00 (2203) \$ Petition is hereby made to extend the current due date so as to cover the filing date of this One Month Extension \$130.00 (1251)/\$65.00 (2251) paper and attachment(s) Two Month Extensions \$490.00 (1252)/\$245.00 (2252) Three Month Extensions \$1110.00 (1253/\$555.00 (2253) Four Month Extensions \$1730.00 (1254/\$865.00 (2254) Five Month Extensions \$2350.00 (1255/\$1175.00 (2255) \$ 130.00 Terminal disclaimer enclosed, add \$140.00 (1814)/ \$70.00 (2814) \$ Applicant claims "small entity" status. ☐ Statement filed herewith Rule 56 Information Disclosure Statement Filing Fee \$180.00 (1806) 0.00 \$ Assignment Recording Fee \$40.00 (8021) 0.00 \$ 0.00 Other: **TOTAL FEE \$** 130.00 CREDIT CARD PAYMENT FORM ATTACHED. The Commissioner is hereby authorized to charge any <u>deficiency</u>, or credit any overpayment, in the fee(s) filed, or asserted to be filed, or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Account No. 14-1140. NIXON & VANDERHYE P.C. 901 North Glebe Road, 11th Floor Arlington, Virginia 22203-1808 By Atty: Arthur R. Crawford, Reg. No. 25,327 Telephone: (703) 816-4000 Facsimile: (703) 816-4100 ARC:eaw Signature:

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE ARC-2491-52 In re Patent Application of Attv Dkt. C# M# TC/A.U. 3774 CANHAM et al Serial No. 10/516,340 Examiner: Schillinger, A.M. Date: October 14, 2008 Filed: March 22, 2005 ORTHOPAEDIC SCAFFOLDS FOR TISSUE ENGINEERING Title: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 RESPONSE/AMENDMENT/LETTER This is a response/amendment/letter in the above-identified application and includes an attachment which is hereby incorporated by reference and the signature below serves as the signature to the attachment in the absence of any other signature thereon. ☐ Correspondence Address Indication Form Attached. Fees are attached as calculated below: Total effective claims after amendment minus highest number x \$52.00 \$0.00 (1202)/\$0.00 (2202) \$ (at least 20) =previously paid for 20 Independent claims after amendment minus highest number x \$220.00 \$0.00 (1201)/\$0.00 (2201) \$ previously paid for 3 (at least 3) =If proper multiple dependent claims now added for first time, (ignore improper); add \$390.00 (1203)/\$195.00 (2203) \$ Petition is hereby made to extend the current due date so as to cover the filing date of this One Month Extension \$130.00 (1251)/\$65.00 (2251) paper and attachment(s) Two Month Extensions \$490.00 (1252)/\$245.00 (2252) Three Month Extensions \$1110.00 (1253/\$555.00 (2253) Four Month Extensions \$1730.00 (1254/\$865.00 (2254) 130.00 Five Month Extensions \$2350.00 (1255/\$1175.00 (2255) \$ \$140.00 (1814)/ \$70.00 (2814) \$ Terminal disclaimer enclosed, add Applicant claims "small entity" status. ☐ Statement filed herewith Rule 56 Information Disclosure Statement Filing Fee \$180.00 (1806) 0.00

CREDIT CARD PAYMENT FORM ATTACHED.

The Commissioner is hereby authorized to charge any deficiency, or credit any overpayment, in the fee(s) filed, or asserted to be filed, or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Account No. 14-1140.

901 North Glebe Road, 11th Floor Arlington, Virginia 22203-1808 Telephone: (703) 816-4000

Assignment Recording Fee

Facsimile: (703) 816-4100

ARC:eaw

Other:

Sir:

NIXON & VANDERHYE P.C.

By Atty: Arthur R. Crawford, Reg. No. 25,327

\$40.00 (8021)

TOTAL FEE \$

\$

\$

0.00

0.00

130.00

Signature: